

Department of Licensing & Regulatory Affairs
Bureau of Fire Services
STATE FIRE MARSHAL - FATAL FIRE REPORT
Fax 517-332-1427
Email howardr2@michigan.gov

Fire Department:		TX #:	FDID #:
		Fax #	
Name of Contact Person:		TX #:	Incident #:
		Fax #:	
Police Department:		TX #:	ORI #:
		Fax #:	
Name of Contact Person:		TX#:	Incident #
		Fax #	
Day of Fire:		Date of Fire:	Time of Fire:
Address Where Fire Occurred: Street/Road City Twp. County			
PROPERTY INVOLVED: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Vehicle <input type="checkbox"/> <input type="checkbox"/> Other (explain) TYPE: <input type="checkbox"/> Manufactured Single <input type="checkbox"/> Duplex Apartment <input type="checkbox"/> Multiple <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other (explain) One Story Two Story <input type="checkbox"/> Other SMOKE DETECTOR: Y <input type="checkbox"/> N <input type="checkbox"/> Battery Hard Wired OPERATIONAL : Y <input type="checkbox"/> N <input type="checkbox"/> Unknown CAUSE OF FIRE: Accidental <input type="checkbox"/> Arson Undetermined			
VICTIM NAME:		GENDER: M F	DOB:
		RACE:	
AUTOPSY REQUESTED BY:		DEPT.	LOCATION:
			TX:
AUTOPSY PERFORMED BY:		DEPT.	LOCATION:
			TX:
X-RAYS TAKEN: <input type="checkbox"/> Y N	DRUG SCREEN: Y N	CO %:	BAC %:
CAUSE OF DEATH:			
FACTORS AFFECTING ABILITY TO ESCAPE:			
FORM COMPLETED BY:			DATE:

Reproduce/use additional sheets as necessary